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Welcome to Downtown Doggy Daycare where we pamper and play with your doggy all day! Our mission at Downtown Doggy Daycare is to offer a safe, clean environment for dogs to socialize and exercise while providing dog owners' peace of mind that their dog is receiving the personal attention they deserve.

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| Owner's name(s): | Today's Date: |
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Dog Information

Please submit one application for each dog if you are bringing more than one dog

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| Dog's name: | Birthdate (m/d/y): |
| Breed: | Weight: |
| 1a. Where did you get your dog? | 1b. What knowledge do you have of your dog's past history? (if applies) |
| 2. Why are you considering bringing your dog here? | |
| 3a. Has your dog had any problems previously in an off-leash social environment? <input type="checkbox"/> No <input type="checkbox"/> Yes, (check all that apply) <input type="checkbox"/> Altercation or fight at a public dog park <input type="checkbox"/> Altercation or fight with a neighbor or friend's dog <input type="checkbox"/> Fearful reaction in a group of dogs <input type="checkbox"/> Dismissed from a prior dog daycare or social playgroup program (complete item 3b) <input type="checkbox"/> Other (please describe) _____ | |

3b. *Only complete if you answered yes in 3a that your dog was dismissed from a prior program.*

What reason were you given as to why your dog was dismissed?

Check each statement below that applies to the situation that resulted in your dog's dismissal.

- My dog was injured, no medical treatment required
- My dog was injured and required medical treatment
- Another dog was injured, no medical treatment required
- Another dog was injured and required medical treatment
- A person was injured, no medical treatment required
- A person injured and required medical treatment

Provide any other comments you want us to know about this situation:

4. When walking your dog what do you use to walk them with?

Buckle Collar

Harness-leash clips on back

Head Collar

Chain/choke/pinch collar

Harness- front clip

Other _____

4a. Is this effective keeping them under control?

5. Has your dog ever gotten away while on a walk? Yes No If so please explain the circumstances?

6. What does your dog do to show they are happy?

7. Does your dog have any problems in any of the following areas? If yes, please explain.

- Mouthing _____
- Housetraining _____
- Barking _____
- Digging _____
- Ignoring Commands _____

8. Have you ever noticed your dog stop and stare down/stalk another dog before? Yes No

If so what were the circumstances?

9. Are there any types of people your dog seems to automatically fear or dislike? Any clothing materials that bother them like a hats, sunglasses, etc.?

10. Has your dog ever growled at someone? Yes No If so, what were the circumstances?

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| 11. Has your dog ever escaped from you house or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. How would you describe the energy level of your dog? |
| 13. Has your dog ever chased any small animals? <input type="checkbox"/> Yes <input type="checkbox"/> No If so what? |

Health History

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| 14. Do you use heart worm and flea/tick preventives? If so, do you use them year round or in the warmer seasons? (we ask that these preventions be used when bringing your dog to daycare/boarding) | |
| 15. Does your dog have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please explain: | |
| 6. Does your dog have any medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: If medication is used to control the condition, please provide name and dosage. | |
| 7. 10. Provide details of your dog's diet – a. type (kibble, canned, raw/natural): b. brand (Innova, Iams, Purina, etc.): | |
| 8. Does your dog have any bathroom-related issues or concerns? | |
| 9a. How often do you brush or comb your dog's coat? | 9b. Does your dog enjoy being brushed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what have you tried to make it more enjoyable? |
| 10. Does your dog have any sensitive areas? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? | |
| 11. Where is your dog's favorite petting spot? | |
| 12a. How frequently is your dog walked? | 12b. How long are your walks? |
| 13. Check the box below that best represents your dog's overall level of exercise routine: <input type="checkbox"/> Couch Potato: Spends days sleeping, occasional walks and/or playtime with humans or other dogs. <input type="checkbox"/> Mild Exerciser: Short daily walks and/or regular playtime with human or other dogs. <input type="checkbox"/> Moderate Exerciser: Long or multiple walks daily and/or regular playtime with human or dogs. <input type="checkbox"/> Athlete: Regular jogs/runs and/or regular participation in a dog sport activity such as agility, fly ball, Frisbee, etc. | |

Household Information

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| 14. Do you have any other household pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check box and give amount Dogs <input type="checkbox"/> _____ <input type="checkbox"/> Cats _____ |
| 15. Does your dog like children? How do they act around them? |
| 16. Which commands does your dog know? (please check all that apply) <input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Down <input type="checkbox"/> Come <input type="checkbox"/> Heel <input type="checkbox"/> Rollover <input type="checkbox"/> Kisses <input type="checkbox"/> High Five <input type="checkbox"/> Other _____ |
| 17. Which of the following best describes the use of obedience cues with your dog at home? <input type="checkbox"/> Key part of daily communication <input type="checkbox"/> Used when we go on walks or have people over <input type="checkbox"/> Used occasionally to better control behavior <input type="checkbox"/> Rarely used <input type="checkbox"/> N/A |
| 18. Other comments or information you would like to share? |

Contact Information

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|--|---|
| Address (include City, State, Zip): | |
| E-Mail(s): | Cell # _____ Work # _____ Other # _____ |
| Emergency Contact (must be someone other than yourself) Name _____ | Cell # _____ Work # _____ Other # _____ |
| Veterinarian Name _____ Address _____ Phone _____ | |